## BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								, "			P 01	_
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	L E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			32				RAT	E	FEE	1	RATE	FEE
FOR ,			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			32 minus 20=		. 12		X\$	9=		OR	X\$18=	2/6
INDEPENDENT CLAIMS			3 minus 3 =				X40=			OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT					-	<b></b> -	1		
* If	the difference	+13			OR	+270=						
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II								AL	<u> </u>	OR	TOTAL	926
		(Column 1)	.MENVE	(Column 2) (Column			SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	X\$ 9	)=		OR	X\$18=	
AME	Independent	<u> </u>			=	=	X40	=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	:_			+270≔	
TOTAL									OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							FEE		OR,	ADDIT. FEE	
<u></u>		CLAIMS		HIGHEST		(Column 3)	·		ADDI-	i f		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	RAT	Ε	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	•	Minus	***		=	X40	_		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OH		
							+135			OR	+270=	
							ADDIT. F	FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER DUSLY	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	X\$ 9	<u>.</u>		OR	X\$18=	
	Independent	•	Minus	***		=	X40=			ŀ	X80=	
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		A-10-	-		OR		
• 1	f the entry in colu	mn 1 ic loce than th	o ootry in ook	ımm Q welto	50" in act	2	+135			OR	+270=	
•••	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Pr viously Paid F r" IN THIS SPACE is I se than 20, enter "20."  TOTAL ADDIT. FEE  T											